

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/856816	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1		1					51 <td></td> <td></td>		
2			1				52			
3			1				53			
4			1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
9			1				59			
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12			1				62			
13			1				63			
14			1				64			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			14				TOTAL DEP.			
TOTAL CLAIMS			15				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS